

Date: \_\_\_\_\_ Admitting Clinician: \_\_\_\_\_ Appt. Time: \_\_\_\_\_

Species: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Spay/Neutered:  Yes  No

**Background Information:**

Length of time owned: \_\_\_\_\_ Where Acquired?  Breeder  Pet Store  Other: \_\_\_\_\_

Wild-caught  Captive Bred Has it been dewormed?  No  Yes, With: \_\_\_\_\_

How often is animal handled?  Daily  Occasionally  Never

Fecal consistency: \_\_\_\_\_ Animal ever taken outside: No Yes How Often? \_\_\_\_\_

**Husbandry:**

Type of housing: \_\_\_\_\_ Size of enclosure: \_\_\_\_\_

Where is cage located? \_\_\_\_\_ Type of cage furniture: \_\_\_\_\_

Cage substrate? \_\_\_\_\_ How often is cage cleaned? \_\_\_\_\_

What type of disinfectant is used when cleaning the cage? \_\_\_\_\_

**Cage Environment:**

Type of lighting: \_\_\_\_\_ Temperature within cage: Maximum: \_\_\_\_\_ Minimum: \_\_\_\_\_

**Nutrition:** Type of food offered: \_\_\_\_\_

Amount fed/frequency: \_\_\_\_\_ When last fed: \_\_\_\_\_ Water Source: \_\_\_\_\_

Any other pets?  No  Yes, please specify: \_\_\_\_\_

Any other rabbits?  No  Yes, please specify: \_\_\_\_\_

Are rabbits housed:  Together  Separately

If not housed together, where are other Rabbits located? \_\_\_\_\_

Any new additions to population?  No  Yes, specify: \_\_\_\_\_

Past Medical History/Problems: \_\_\_\_\_

Current Presenting Problems: \_\_\_\_\_

Duration of Complaint: \_\_\_\_\_